

# Vacate Inspection of Displacement Dwelling

## General Information

Project Title:	Parcel No.:
Displaced Person(s):	Displacee No.:
Displacement Address:	No. of Keys Received:
Replacement Address:	Vacate Date:

## Vacate Information

I personally inspected the subject property located at the site address listed above and certify that the occupant(s) has moved out. The premise is in satisfactory condition and all personal property has been removed except for the following items:

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Based on the list above, your Moving Entitlement will be reduced by \$\_\_\_\_\_

Specialist Comments:

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**A photograph of the vacated displacement site is attached herein.**

Relocation Specialist \_\_\_\_\_ Date \_\_\_\_\_

## Abandonment Information

I agree to abandon personal property, if any that remains on the subject property to the AGENCY. I certify that I am the owner of said personal property. I understand that I will not be entitled to receive relocation assistance payments for any of the property that is abandoned. I have surrendered all keys to the property to the city/county.

Displaced Person \_\_\_\_\_ Date \_\_\_\_\_

New Phone Number \_\_\_\_\_